

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-18610		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 10-5-16		DAY: WED	
CRASH OCCURRED ON LEBANON H.S., 1916 ORAKE RD.				WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE	
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT ALLSTATE			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) PAWLECKI, BRANDON				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1311 WILLOW FORGE CT, LEBANON							
PHONE NO. 414-967-0452		BIRTH DATE 3-5-00		AGE 16		SEX M		SOCIAL SECURITY NO.		STATE OH DRIVER'S LICENSE NO. UA832604	
OWNER (IF SAME AS DRIVER, WRITE SAME) BROOKE PAWLECKI				ADDRESS SAME				PHONE 414-367-3773			
VEH YR. 11		MAKE MAZDA		MODEL 6		COLOR RED		STYLE 43		STATE OH LICENSE PLATE NO. EM61495	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT SAFECO			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) BRATTAIN, CLAIRE E.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 251 COUNTRYSIDE DR, LEBANON							
PHONE NO. 513-313-1815		BIRTH DATE 10-30-99		AGE 17		SEX F		SOCIAL SECURITY NO.		STATE OH DRIVER'S LICENSE NO. TY429140	
OWNER (IF SAME AS DRIVER, WRITE SAME) HELEN CARL				ADDRESS SAME				PHONE 513-267-6257			
VEH YR. 14		MAKE TOYOTA		MODEL RAV4		COLOR SLV		STYLE SW		STATE OH LICENSE PLATE NO. 6XH4715	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		INJURIES	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		CONDITION	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		RESTRAINTS	
A B C		INJURED TAKEN TO				By		A B C D E F		ALCOHOL	
D E F		INJURED TAKEN TO				By		A B C D E F		TESTED	
A B C		OFFENSE CHARGED AND DESCRIPTION				ORC. CITY ORD.		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 8 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
D E F		OFFENSE CHARGED AND DESCRIPTION				ORC. CITY ORD.		EJECTION		DRUGS	
RECEIVED CALL 1352		DISPATCHED 1355		ARRIVED 1359		CLEARED 1435		OTHER TIME		TOTAL MINUTES 0000H 36	
DATE REPORT FILED 10-10-16		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME J. DEHLER		BADGE NO. 124		CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	